



# EmployeeUPDATE

*Our Mission: To serve the people of North Carolina by enabling individuals, families and communities to be healthy and secure, and to achieve social and economic well-being.*

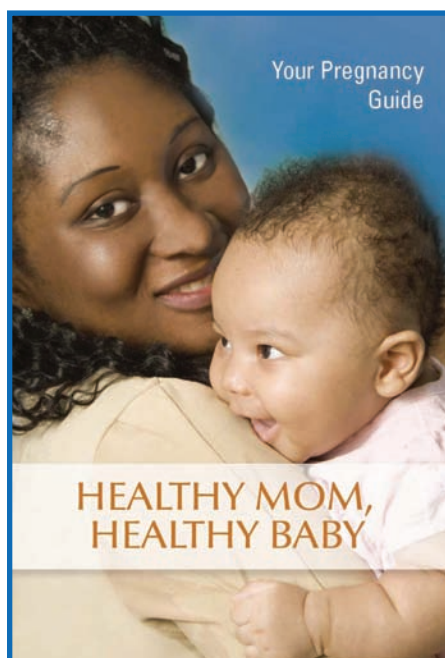
A monthly publication for employees of the North Carolina Department of Health and Human Services

## DHHS publications win national awards

A long-standing collaboration between the DHHS divisions of Public Health and Medical Assistance and the North Carolina Healthy Start Foundation has resulted in national recognition of several outreach and educational materials developed for the department in 2008.

Six publications received awards from the 2009 National Health Information Awards program, which recognizes the nation's best consumer health information programs and materials. The winning entries were:

- Healthy Mom, Healthy Baby (English and Spanish versions) – 64-page booklets for pregnant women
- If You Smoke and Are Pregnant – a self-help, quit-smoking guide for women who are pregnant or thinking about pregnancy
- The Family Planning Waiver, Not Now! Poster – promotes North Carolina's family planning waiver services



Healthy Mom, Healthy Baby  
(English version)

for single women

- My Health Journal (English) and Mi Diario de Salud (Spanish version) - interactive journals that cover health topics and recommended check-ups, and help women set personal goals.

These publications are among the many free materials for women and families distributed statewide by the N.C. Healthy Start Foundation under contract with DPH.

In addition, the foundation received two APEX 2009 awards from Communications Concepts, Inc. a national organization that recognizes excellence in publications by professional communicators, for the English and Spanish versions of the Healthy Mom, Healthy

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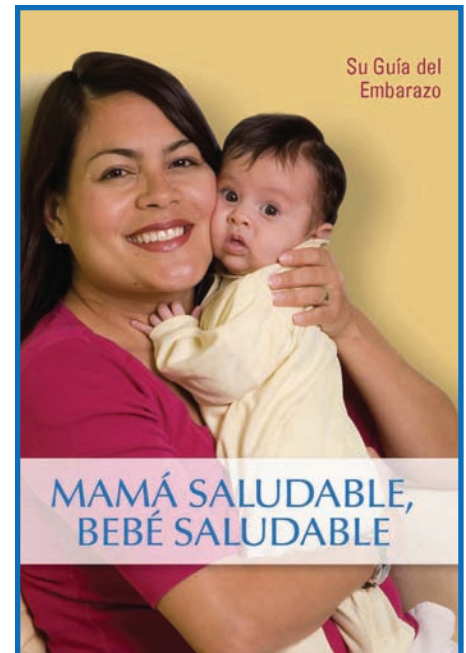
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Baby booklets and for Web pages for the Resources in Communities Helps Encourage Solutions (RICHS) Project ([www.nchealthystart.org/RICHES](http://www.nchealthystart.org/RICHES)) that works to improve women's health. ■



If You Smoke and Are Pregnant – a self-help, quit-smoking guide for women



Healthy Mom, Healthy Baby (Spanish version)

**Not Now!**

**You'll decide when the time is right.**

You're single. You're busy. It's hard enough figuring out how to pay for gas. You want to have kids when you decide the time is right. Now may not be that time.

Planning your pregnancy (when the time is right for you) just got a little easier ...


**NC's Family Planning Waiver** can help at **NO COST** to you.

The **NC Family Planning Waiver** provides:

- Your physical each year
- Most types of birth control
- Pregnancy tests
- Testing for sexually transmitted infections
- Help with planning when to have a baby
- Doctor referrals

If you are between 19 and 55, not pregnant, a resident of North Carolina, a U.S. citizen (or legal resident) and your income is around \$20,000 per year or less, you may qualify.

For more information, call  
**NC Family Health Resource Line**  
**1-800-367-2229**

Family Planning Medicaid is a waiver program that will end October 1, 2010, unless it is extended.  
NC DHHS is an equal opportunity employer and provider. 2,500 copies of this public document were printed at a cost of \$725 or \$5.29 each (10/08)

The Family Planning Waiver, Not Now! Poster

# Website Redesign Project is in High Gear

The Department of Health and Human Services website redesign project is taking off.

A site for the new Division of State Operated Healthcare Facilities went live on July 22. Watch for redesigned sites for Vital Records and the Division of Information Resource Management (DIRM) later this summer, as well as a new site for the Office of Rural Health and Community Care. The redesign for the Division of Services for the Blind, Oral Health and for Women's and Children's Health are also well on their way.

The rest of the department's divisions and office websites are now scheduled to be redesigned this fiscal year.

"This is an ambitious project, but a highly important one," said Public Affairs Director Renee McCoy. "In these tough economic times, the web is our most effective mode of communication. We are committed to a professional web presence that emphasizes clarity and ease of use."

The timeframe is shorter for divisions and offices with simpler sites, and longer for those with more complex web presence. The schedule can be found at [www.ncdhhs.gov/redesignproject](http://www.ncdhhs.gov/redesignproject).

## Some elements of the plan:

- The redesign does not only entail look and feel, but also focuses on audience and their tasks. The use of plain language is key. Most websites will require some reorganization and rewriting before being placed in the templates.

- Webmasters will be provided training and Dreamweaver templates, starting in January.
- Since the division and office websites vary greatly, the project categorizes them according to their complexity and size. Less time is provided in the schedule for the shorter, simpler sites and more to the larger, more complex sites:

- Group A:** Straight to Template: Human Resources, Long-Term Services and Supports, Procurement and Contracting, State Center for Health Statistics: Complete by February 2010

- Group B:** Simple Sites: Services for the Blind, Services for the Deaf and Hard of Hearing, Controller, Privacy and Security, Economic Opportunity: Complete by April 2010

- Group C:** Complicated Sites: Child Development, Citizen Services, Education Services, Social Services, Vocational Rehabilitation: Complete by June 2010

- Group D:** Highly Complicated Sites: Aging and Adult Services, Health Service Regulation, Public Health, MHDDAS: Complete by July 2010

The web content managers in each division and office are the key to this effort. Right now they are assembling a division/office team and writing a website 'charter' that encapsulates the core functions that their website must achieve.



DHHS Website

Because the department's web presence is massive, this effort will deal only with the "parent" sites for each division and office. If a division has multiple websites, only the site that contains the division's home page is part of the current effort. Facility websites, such as for schools and psychiatric hospitals, will be looked at after July 2010. Public Health's many programs websites are in the same category.

## Background

Three years ago, the department made a commitment to integrate our many websites into a single look and feel, to provide the department with a site that is easy and useful for those we serve and for our partner agencies. Cross-department teams met for many months

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**Website Redesign, continued from page 3**

to make numerous decisions about how the site would function and navigate.

Last August, Public Affairs unveiled the redesigned site at the department level. In March of this year, Medical Assistance unveiled its fully redesigned website. Public Affairs and Budget and Analysis are also redesigned.

Response to the new look and feel has been overwhelmingly positive. Site visitors find the site to be user friendly and easy to navigate. The site is accessible for people with disabilities, focuses on the needs of our site visitors, and provides predictable navigation to help site visitors learn the site, wherever they are in DHHS.

Lois Nilsen in Public Affairs is managing the project and may be reached at [Lois.Nilsen@dhhs.nc.gov](mailto:Lois.Nilsen@dhhs.nc.gov) or by telephone at 919-715-4394. ■

*– Lois Nilsen*



# 'Granny Good Drops' visits Assistive Technology staff

It was a reunion of sorts. This was a brief return to say hello and share the joy from a person who has done so for many years. She also shared some homemade orange zest cookies. And yes, they were delicious.

"Granny Good Drops," as one staffer greeted her on July 20 from the hallway of 1110 Navaho Drive, is also known as Evelyn Cousino. She stopped by the Raleigh office and in no time was surrounded by well wishers.

She has answered phones and brought smiles to faces of employees and clients in the state's Vocational Rehabilitation Services offices since her first year when she found she had to pound out correspondence on an old manual Underwood typewriter. She'd worked jobs outside state government before then, and was familiar with the advantages that an electric typewriter could bring to the job.

"I told my boss that I didn't think I could do a good job for him without an electric typewriter," Evelyn said as she recalled those early days in 1963. It wasn't long before an electric typewriter showed up on her desk. "I had the first electric typewriter in the office," she said. "It was wonderful."

Who could say no to someone as charming and happy as Evelyn Cousino? The mother of five who are nearing retirement age themselves, Evelyn



Evelyn Cousino, 88, sits at the desk she occupied, answering calls at VR's Assistive Technology office on Navaho Drive in Raleigh. (Photo by Jim Jones)

Cousino may have worked her last day for VR earlier this summer. She's not but 88 with eight grandchildren and nine great-grandchildren. Her office friends at Assistive Technology gave her a sendoff at the end of her contract as a temporary worker in June. This being Evelyn's third retirement, who's to say if this will be final one.

When she stopped by for a visit last month she quickly discovered that her rickety old chair at the desk where she processed incoming calls for years had been replaced.

"Hey, this is a new chair," she protested.

"Yep. The old one was in bad shape. It needed to go," said Carol Williams, a consumer resource specialist with the Assistive Technology program and a longtime friend of Evelyn. "You never told us you needed a new chair, so we didn't know."

How does one get to stay employed so long? Ask Evelyn.

"I retired in 1987 the first time. I was 67 and thought I could just draw Social Security," she says smiling. "Then I returned as a substitute two months later for an employee who was out for surgery." Starting in 1989 when NCATP received its first federal AT grant, she worked through a temp agency and continued for years, becoming part of the Assistive Technology team. By her most recent 'retirement' she was continuing to work two days per week.

"I've enjoyed the work. I just like the people. They're wonderful, devoted and they work hard," she said. "Besides, coming to work would get me up two days a week and make myself presentable."

Evelyn will once again work at the NC AT Expo on Dec. 3 and 4 for her nineteenth year, only this time as a volunteer. No one is going to keep this 88-year-old spry, great-grandmother from being active and part of the team she has been a part of since it was formed. ■

— Jim Jones

# THE Cultural Competency CORNER

*By Gloria Sánchez, Latino Public Information Officer*



## Not all Spanish is the same: sorting out Spanish language differences.

“Do you speak Mexican?” A doctor asked me once during a healthcare appointment. I didn’t know what to say, since as far as I know Mexican is not a language. I politely answered to him, “I speak Spanish”, to which the doctor quickly concluded: “Ah! So, you must be from Spain.” Well, not exactly.

Such types of remarks are not unusual for Latin American natives or descendants living in the United States to hear. It seems that there is little understanding of where Spanish is spoken and how different it can be from one region to another. Following are three common myths about Spanish language:

**1. If you speak Spanish, you must be Mexican or Spaniard.** Spanish is the fourth largest spoken language in the world, after Mandarin, English and Hindi. It is the official language in 21 countries and the second most spoken language in the United States, placing the U.S. as the fifth top country where Spanish is spoken. Mexico has the largest population of Spanish speakers.

**2. All Spanish is the same** - The Spanish language is very rich, extensive and complex. Each country has its own vocabulary, regionalism, and expressions. The way Spanish is spoken in Puerto Rico, Argentina, Spain or

Mexico can be quite different. Grammatically speaking, Spanish might have a lot of similarities among countries, but it also has vocabulary, idiomatic expressions and phonetic differences that can greatly vary.

A similar comparison to English could be the differences among English from England, Australia or the United States. In Mexico alone, Spanish spoken in the northern states is quite different from the Spanish spoken in the southern states, where indigenous languages made an influence. Spanish in the United State is a mix of dialects and cultures from Latin America and the U.S. It is always transforming and often results in the popular hybrid of “Spanglish.”

**3. Any Spanish speaker can communicate well with another Spanish speaker** – It might be easy to assume this, but it is a little bit more complex. Can you picture an Argentinean talking with a Guatemalan who might use Mayan words and Spanish? The fact that someone is a native Spanish speaker doesn’t guarantee that he or she can communicate well verbally or written with other Spanish speakers. Make sure when contracting translation or interpreter services you ask for their credentials, experience and references.

As the demand for having documents and communications in Spanish grows exponentially, all of these considerations need to be taken into account when translating for the Latino market. Organizations that use content for the Spanish (Spain) market are making a grave marketing mistake as Latinos in the U.S. respond more to Spanish spoken in Latin American countries. And while it may appear that the use of Latin American Spanish is the solution, you always need to keep an eye on where your Latino population is from. For example, the Spanish spoken in New York is very different from the Spanish spoken in Los Angeles or Miami. Latinos living in Los Angeles and Houston have a stronger Mexican influence, as in North Carolina; Latinos in New York speak Puerto Rican and South America Spanish. What works for Latinos in New York, might not work at all in North Carolina.

While some in the U.S. would rather see English as the “official” language, the overwhelming reality is that Spanish is relied upon by millions to live their daily lives. It is important that all residents get culturally appropriate information. ■

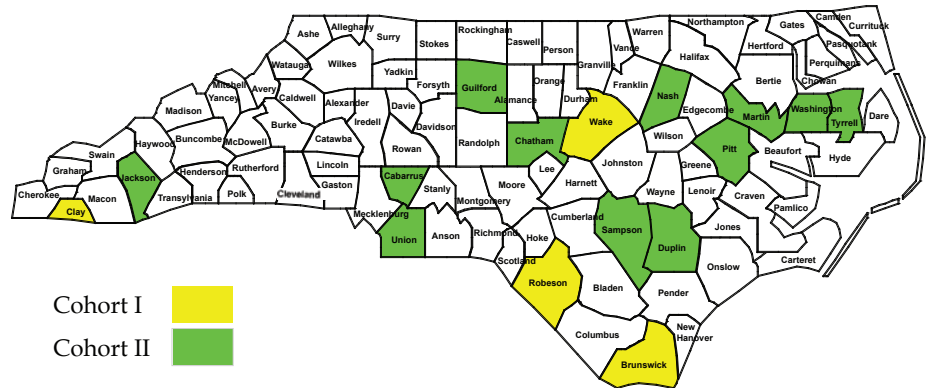
# American Diabetes Association recognizes N.C. Division of Public Health

Thanks to the N.C. Diabetes Education Recognition Program, people with diabetes now have increased access to diabetes education.

In July 2009, the American Diabetes Association (ADA) recognized 10 local health departments in North Carolina that provide diabetes self-management education through a state-level 'umbrella' program. Established in 2007, the state program establishes a means of reimbursement for participating health departments that provide diabetes self-management education (DSME).

Recent data show that in the last decade, the number of people with diabetes has increased by 102 percent, and now more than 9 percent of North Carolinians have diabetes. Diabetes is a chronic disease that can have serious, costly, and often fatal complications. Appropriate medical care based on current standards of practice, self-management education and medication must be available to everyone with diabetes in order to prevent these complications. Today, self-management education is such a critical part of diabetes care that medical treatment of diabetes without DSME is considered inadequate.

However, in North Carolina, more than 44 percent of people diagnosed with diabetes report that they have never taken a class on how to manage their disease. Additionally, access to DSME programs was limited in North Carolina, particularly for those who are uninsured. In 2005, only 58 percent of the state's local health departments reported the capacity to provide health education services for people with diabetes.



To address this issue, the N.C. Division of Public Health (DPH) applied to the ADA to become an "umbrella" recognized program to provide diabetes self-management education.

The N.C. Diabetes Education Recognition Program collaborates with local health departments across the state to establish them as "multi-sites." The program provides quality comprehensive diabetes self-management education to empower people with diabetes, increases access to DSME, and increases revenue to local health departments.

ADA recognized programs may bill Medicaid, Medicare and other insurers for DSME, and this reimbursement helps build capacity at the local level to provide DSME for the uninsured and underinsured. This is the first ADA recognition program in the nation designed and implemented in this way.

In the first year of the program, four health departments were awarded ADA recognition and comprise Cohort 1: Brunswick, Clay and Robeson counties and Wake County/Project DIRECT. In July 2009, 10 additional health depart-

ments were awarded ADA recognition and comprise Cohort 2: Cabarrus, Chatham, Duplin, Guilford, Jackson, Martin-Tyrell-Washington, Nash, Pitt, Sampson and Union counties.

Together, these health departments have offered diabetes self-management education to more than 700 people with diabetes. The program has demonstrated improved health outcomes and improved quality of life for many participants.

Ruth Petersen, MD, MPH, interim section chief, Chronic Disease and Injury Section, believes "this is a significant step toward increasing access to quality diabetes education services, decreasing health disparities and improving health outcomes for persons with diabetes. We look forward to a continued partnership with North Carolina health departments as we work to impact the burden of diabetes in our state."

For more information about diabetes and the Diabetes Education Recognition Program, please visit [www.ncdiabetes.org](http://www.ncdiabetes.org). ■

— Laura Edwards

## **‘Eat Smart, Move More’ video a top Telly Award winner**

The Nutrition Branch of the Division of Public Health has a winner. The Eat Smart, Move More Successful Students video produced by the N.C. Agency for Public Telecommunications is a top award winner, one of three awards won recently by APT.

The video won a silver Telly in the 2009 Film/Video category of Education for Academic Use, the highest honor. The Eat Smart, Move More video focused on the importance of healthy eating habits and the benefits of exercise.

This is the fifth consecutive year that APT has been honored for excellent production services. APT projects were selected from more than 13,000 entries from ad agencies, production companies, TV stations, cable companies and corporations around the world.

APT earned a Bronze Telly for the “Otto Parts Series,” which consisted of six animated public service announcements featuring a talking catalytic converter that educates citizens about the importance of proper vehicle maintenance. Created in both English and Spanish for the Division of Air Quality in the Department of Environment and Natural Resources, this series was honored in the category of Promotion and Branding.

APT also received a Bronze Telly for “Why APT?” a video showcasing APTs services through the eyes and testimonials of its customers. This video was recognized for excellence in Government Relations. Producing creative and cost-effective video communications for state and local agencies is key to APT’s mission. ■

*– Carol Schriber*





# Cassidy tapped to lead Division of Child Development

Deborah “Deb” J. Cassidy is the new director of the Division of Child Development, effective June 2.

Cassidy comes to DCD from the University of North Carolina at Greensboro with more than 19 years of experience as a professor of Human Development and Family Studies and coordinator of the Birth-Kindergarten Licensure Program and Child Development Education Program, which is an on-campus child care program serving more than 82 children. Additionally she served as the project director for the Rated License Assessment Project for approximately 10 years at the university.



Deborah “Deb” J. Cassidy; new director of  
the Division of Child Development  
(Photo by Jim Jones)

Her credentials include a Ph.D. in child development and early childhood from the University of Illinois and a master’s degree from the University of Illinois focusing on young children’s memory and object location. She earned her undergraduate degree from Northern Illinois University.

Cassidy has authored or co-authored dozens of reports and articles dealing with early childhood issues, most published in the *Journal of Research in Childhood Education* and the *Early Childhood Education Journal*. ■

— Lori Walston

## New Caswell Director

Caswell Development Center, Kinston, has a new director. State Operated Health Facilities director Luckey Welsh appointed E. Leon Owens Jr. on May 26.

The appointment represents something of a homecoming for the Johnston County-born Owens. After graduating from East Carolina University with a Master's degree in special education, he was hired as an educational specialist at Caswell Center in 1978. At that time 1,200 individuals with developmental disabilities lived on Caswell's campus. By 1993, he was the director of program services at the facility.

"It's wonderful to back," Owens said. "It is like coming home for me and my family. There are people working today



E. Leon Owens Jr., Caswell Development  
Center director

at Caswell that I remember and who remember me from my previous time here. I look forward to continuing to continuing and building on the tradition of excellent care that Caswell is noted for throughout the region."

In 1999, Owens moved to Topeka to assume the role of Superintendent for the Kansas Neurological Institute, a residential facility providing support services to 175 individuals with developmental disabilities. In 2004, he went to Tennessee as chief officer at the Arlington Developmental Center, an intermediate care facility serving adults with developmental disabilities. In 2007, Owens became the facility administrator for the Pee Dee Regional Center in Florence, South Carolina. ■

— Mark VanSciver

# Summertime danger: children left in hot cars

Never leave children unattended in your car, not even for a few minutes. In the time it takes to run into the store and grab some milk, stand in line at the post office or go inside to pay for gas — in just 10 minutes — the temperature inside a car can rise 19 degrees. When summer temperatures are in the 90s that means the temperature in a car will be more than 109 degrees in a matter of minutes.

Since 1998 at least 432 children in the United States died of hyperthermia after being left unattended in a vehicle. According to news reports, in North Carolina approximately 18 children have died since 1999 from heat exposure in hot cars, either from being left unattended or from climbing into the car unnoticed — including one earlier this year.

“The death of a child in a hot car is a tragedy that is totally preventable,” said State Health Director Dr. Jeff Engel. “The air inside a car can heat up very quickly. Heat stroke occurs when a person’s temperature reaches 104 degrees; 107 degrees is considered lethal. Heat is much more dangerous to children than to adults.

“When left in a hot vehicle, a young child’s temperature may increase as much as five times faster than an adult’s body temperature.”

## **Follow these tips to protect your kids this summer:**

- Never leave a child alone in a vehicle, even with the windows open.
- When parking your vehicle at home, always lock car doors and trunks, and keep keys out of children’s reach.

Teach children that cars are not places to play.

- Watch children closely around cars, particularly when loading and unloading. Make sure that all children leave the vehicle with you when you reach your destination. Don’t forget sleeping infants.
- Busy parents have a lot of their minds, so give yourself a reminder. Place your purse, briefcase or other important items in the backseat next to your child’s car seat so you have to look in the back before leaving the car. Or keep a stuffed toy in your child’s car seat. When you put your child in the seat, move the toy up front as a reminder.
- If you see a child or pet left unattended in a vehicle, call 911 immediately. ■

NC ASSISTIVE TECHNOLOGY EXPO

**Save the Date!!!**

**When:** December 3-4, 2009  
**Where:** North Raleigh Hilton  
Raleigh, NC



**What:** The Assistive Technology Expo is an exciting two-day event designed to increase awareness and provide current information on assistive technology. Conference offerings include an exhibit hall (on 12/03/09 only) featuring 30-40 vendors exhibiting the latest in assistive technology products and services, 40 concurrent sessions, a poster session and a Keynote address.

**Who:** Each year between 550-700 registered participants from across the country attend the NC AT Expo and approximately 1250 attend the free Exhibit Hall. Participants include: persons with disabilities, family members, teachers, therapists, Vocational Rehabilitation and Independent Living staff, rehabilitation counselors, employers, engineers, college professors, medical staff, college and university students and authorized state purchasers.

**For More Information:**

Contact Sonya Van Horn  
Partnerships in Assistive Technology  
[assist@pat.org](mailto:assist@pat.org)  
919-872-2298

**Details Coming Soon at**  
**[www.pat.org](http://www.pat.org)**